

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004831	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/22/2014
NAME OF PROVIDER OR SUPPLIER MEADOW LAKES		STREET ADDRESS, CITY, STATE, ZIP CODE 200 MEADOW LAKE DR MOORESVILLE, IN 46158		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00157742.</p> <p>Complaint IN00157742 - Unsubstantiated, due to lack of evidence.</p> <p>Survey date: October 22, 2014</p> <p>Facility number: 004831 Provider number: 155751 AIM number: 200809750</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: Residential: 44 Total: 44</p> <p>Census payor type: Other: 44 Total: 44</p> <p>Sample: 3</p> <p>Meadow Lakes was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00157742.</p> <p>Quality Review 10/23/14 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE